



MICROFILM FEASIBILITY STUDY
INFORMATION TECHNOLOGY DEPARTMENT
RECORDS MANAGEMENT
SFN 2000 (8-2000)

Department Number

Department	Division	
Address	City	Zip Code
Records Coordinator	Telephone Number	Date

**RECORDS THAT ARE TO BE MICROFILMED MUST BE ON A RETENTION SCHEDULE APPROVED BY ITD RECORDS MANAGEMENT.
THE FOLLOWING INFORMATION SHOULD BE PROVIDED FROM THE RETENTION SCHEDULE.**

Records Control Number	Record Series Title				
Is this record confidential?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is record	<input type="checkbox"/> One Document	<input type="checkbox"/> More Than One Document	
Can original be destroyed if microfilmed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hardcopy Retention Period		Total Retention Period	
Are files added to	<input type="checkbox"/> Daily	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never
Are these files referred to	<input type="checkbox"/> Daily	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never

CHARACTERISTICS

Total inches/volume to film	Size	<input type="checkbox"/> Letter	<input type="checkbox"/> Legal	<input type="checkbox"/> Other - Specify
Printing is on:	<input type="checkbox"/> One Side Only	<input type="checkbox"/> Both Sides of All Documents	<input type="checkbox"/> Combination - What % are Two-sided? _____%	
How are records filed?	<input type="checkbox"/> Subject	<input type="checkbox"/> Alphabetical	<input type="checkbox"/> Numeric	<input type="checkbox"/> Alpha-Numeric

PAPER COLOR	PRINT/INK COLOR	PAPER COLOR	PRINT/INK COLOR
1		1	
2		2	
3		3	

What equipment do you have for reading/copying film/fiche:			
Has this series been microfilmed previously:	<input type="checkbox"/> NO	<input type="checkbox"/> YES - Please answer the following questions:	
Format:	<input type="checkbox"/> Roll Film	<input type="checkbox"/> Microfiche	<input type="checkbox"/> Microfiche Jackets
Will this record series be scheduled for continuous filming?	<input type="checkbox"/> NO	<input type="checkbox"/> YES --	<input type="checkbox"/> Daily <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly

COMMENTS: _____

FOR ITD RECORDS MANAGEMENT USE ONLY

☐ APPROVED ☐ DENIED - REASON _____

Date

ITD Records Management